



11/29/01

A/RE

Please type a plus sign (+) inside this box → +

PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

11/29/01  
55-5636636

## REISSUE PATENT APPLICATION TRANSMITTAL

**Address to:**  
 U.S. Patent and Trademark Office  
 P.O. Box 2327  
 Arlington, Virginia 22202  
 Box Reissue

Attorney Docket No.	1001-13 RES
First Named Inventor	Pacifco et al.
Original Patent Number	6,251,478 B1
Original Patent Issue Date (Month/Day/Year)	June 26, 2001
Express Mail Label No.	EL 709116172 US

**APPLICATION FOR REISSUE OF:**  Utility Patent  Design Patent  Plant Patent  
 (Check applicable box)

## APPLICATION ELEMENTS (37 CFR 1.173)

1.  Fee Transmittal Form (PTO/SB/56)  
*(Submit an original, and a duplicate for fee processing)*
2.  Applicant claims small entity status. See 37 CFR 1.27.
3.  Specification and Claims in double column copy of patent format (amended, if appropriate)
4.  Drawing(s) (proposed amendments, if appropriate)
5.  Reissue Oath/Declaration (original or copy)  
*(37 C.F.R. § 1.175) (PTO/SB/51 or 52)*
6.  Power of Attorney
7. Original U.S. Patent currently assigned?  Yes  No  
*(If Yes, check applicable box(es))*
  - Written Consent of all Assignees (PTO/SB/53)
  - 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8.  CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission  
*(if applicable, all of the following are necessary)*
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i  CD-ROM (2 copies) or CD-R (2 copies); or
    - ii  paper
  - c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

10.  Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11.  Original U.S. Patent for surrender
  - Ribboned Original Patent Grant
  - Statement of Loss (PTO/SB/55)
12.  Foreign Priority Claim (35 U.S.C. 119)  
*(if applicable)*
13.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
14.  English Translation of Reissue Oath/Declaration  
*(if applicable)*
15.  Preliminary Amendment
16.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
17. Other: .....  
 .....  
 .....

## 18. CORRESPONDENCE ADDRESS

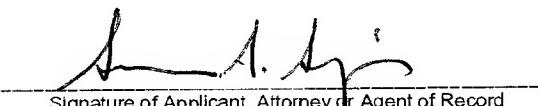
Customer Number or Bar Code Label  Correspondence address below  
*(Insert Customer No. or Attach bar code label here)*

Name	HOFFMANN & BARON, L.L.P.		
Address	6900 Jericho Turnpike		
City	Syosset	State	New York
Country	U.S.A.	Telephone	516-822-3582

NAME <i>(Print/Type)</i>	Susan A. Sipos, Esq.	Registration No. (Attorney/Agent)	43,128
Signature	<i>[Signature]</i>	Date	11-29-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM				Docket Number (Optional) 1001-13 RES				
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 34	**** 14 = x \$ ____ =			x \$ 18 = 252.00		
(C) 1	Independent claims (37 CFR 1.16(j))	(D) 2	* 0 = x \$ ____ =			x \$ 84 = 84.00		
				Basic Fee (37 CFR 1.16(h)) \$ _____		\$ 740.00		
				Total Filing Fee \$ _____		OR \$ 1076.00		
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* = x \$ ____ =		x \$ ____ =		
Independent Claims (37 CFR 1.16(j))	***	MINUS	*****	= x \$ ____ =		x \$ ____ =		
				Total Additional Fee \$ _____		OR \$ _____		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>								
11-29-01				 Signature of Applicant, Attorney or Agent of Record				
Date				Susan A. Sipos, Esq. Typed or printed name				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Patentees: Pacifico, et al.

Docket: 1001-13 RES

Original Patent No.: 6,251,478 B1

Date: November 21, 2001

Original Patent Issue Date: June 26, 2001

For: SENSITIVE SUBSTANCE  
ENCAPSULATION

Assistant Commissioner for Patents  
Washington, DC 20231

**CONSENT OF ASSIGNEE TO REISSUE PATENT**  
**PURSUANT TO 37 C.F.R. §1.172(a)**

Sir:

Balchem Corporation, Assignee of United States Patent No. 6,251,478 B1, consents to the filing of the present application for the reissue of United States Patent No. 6,251,478 B1.

Date: Nov 21, 2001

By: Patricia Siuta-Cruce  
Patricia Siuta-Cruce  
Vice-President, Technology  
Balchem Corporation

HOFFMANN & BARON, LLP  
6900 Jericho Turnpike  
Syosset, New York 11791  
(516) 822-3550  
SAS/jjc

144875\_1